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<b>RESPONSE TRANSMITTAL</b>	Docket No.: <b>NIC-P002US</b>	Total Pages: <b>3</b>
	Application No.: 09/672,829	
	Filing Date 9/29/2000	
	First Named Inventor: Cathal McGloin	
	Art Unit: 3626	
	Examiner Name: Linh Giang Le	

<b>ITEMS INCLUDED:</b>	<b>ADDRESS TO:</b> <input checked="" type="checkbox"/> Mail Stop Amendment <input type="checkbox"/> Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450															
1. <input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment (37 CFR 1.121) dated 06/12/07. <input type="checkbox"/> After Final.																
2. <input type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is _____; accordingly the appropriate non-small-entity fee is (\$ .00). <input type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$ .00).																
3. <input type="checkbox"/> Substitute Specification.																
4. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449. <input type="checkbox"/> Copies of IDS citations.																
5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets: _____) <input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal																
6. <input checked="" type="checkbox"/> Excess claim fees:																
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Total Claims</u></th> <th style="text-align: left;"><u>Extra Claims</u></th> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> <th style="text-align: left;"><u>Multiple Dependent Claims</u></th> </tr> <tr> <td>25</td> <td>-20 or HP= 2</td> <td>x 50</td> <td>100.00</td> <td>Fee (\$) Fee Paid (\$)</td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20</td> <td>180</td> </tr> </table>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	25	-20 or HP= 2	x 50	100.00	Fee (\$) Fee Paid (\$)	HP = highest number of total claims paid for, if greater than 20				180
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<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Indep. Claims</u></th> <th style="text-align: left;"><u>Extra Claims</u></th> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> </tr> <tr> <td>5</td> <td>-3 or HP= 2</td> <td>x 200</td> <td>400.00</td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>		<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	5	-3 or HP= 2	x 200	400.00	HP = highest number of independent claims paid for, if greater than 3.						
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HP = highest number of independent claims paid for, if greater than 3.																
7. <input type="checkbox"/> Other Fees:																
8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.																
9. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																
10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (_____). A duplicate copy of this sheet is enclosed for this purpose.																
11. <input type="checkbox"/> Other Enclosure(s):																
12. <input checked="" type="checkbox"/> Remarks: Applicants submit herewith fees for the excess claims filed on May 23, 2007 (2 excess claims and 2 extra dependent claims). Please enter the Amendment filed on May 23, 2007.																

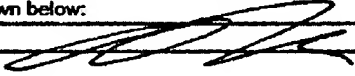
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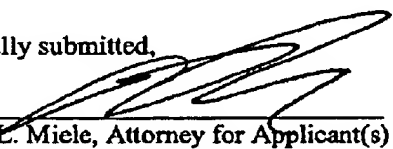
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RESPONSE TRANSMITTAL  
(Executed Attachment to Page 1)

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Anthony L. Miele
Date	7/11/07

Dated: 7/11/07

Respectfully submitted,

By:   
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 Customer Number 000050048  
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